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Follow-up to the International Conference on Population and Development

Summary

The present report responds to the request of the Executive Board for a report in 1998 on the activities undertaken by UNICEF in response to the International Conference on Population and Development (E/ICEF/1995/9/Rev.1, decision 1995/29). It provides an overview of ongoing UNICEF activities undertaken in cooperation with national partners, United Nations agencies, bilateral donors and international organizations. As the fifth anniversary of the Cairo Conference approaches, UNICEF is confident that significant progress has been made, although much more remains to be done, particularly to reduce maternal and under-five mortality and to eliminate discrimination against women. UNICEF will continue to focus on those issues through country programmes and work at global and regional levels.

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I. Introduction

1. At its third regular session of 1995, the Executive Board endorsed the framework for UNICEF follow-up to the International Conference on Population and Development (ICPD), as presented in document E/ICEF/1995/12/Rev.1), and requested the Executive Director to report to the Board in 1998 on activities undertaken in response to ICPD, including those in cooperation with other donor agencies, and their results (E/ICEF/1995/9/Rev.1, decision 1995/29). UNICEF also provides annual reports on integrated and coordinated implementation and follow-up to the major international conferences in the Executive Director's report to the Economic and Social Council, which is presented to the Executive Board each year at its first regular session.

2. Relevant information on specific activities that support the goals of ICPD is also contained in part II of the "Report of the Executive Director" (E/ICEF/1998/4 (Part II)).

3. As mandated by the Executive Board, UNICEF follow-up to ICPD is guided by the reaffirmed rights perspective and includes programmes for: (a) girls' education; (b) women's empowerment, (c) primary health care (PHC) and child survival; (d) reproductive health, with a focus on maternal mortality reduction; and (e) measuring progress in child and maternal mortality.

4. The prevention of maternal mortality and morbidity is a primary focus of UNICEF-supported activities relating to ICPD follow-up.

II. Programming principles and main achievements

5. The programmatic response of UNICEF to ICPD is guided by the main principles agreed to by Governments and the international community as contained in chapter VIII.C, paragraph 8.20 of the Programme of Action, namely:

> "(a) To promote women's health and safe motherhood; to achieve a rapid and substantial reduction in maternal morbidity and mortality and reduce the differences observed between developing and developed countries and within countries. On the basis of a commitment to women's health and well-being, to reduce greatly the number of deaths and morbidity from unsafe abortion;
>
> "(b) To improve the health and nutritional status of women, especially pregnant and nursing women."

6. UNICEF contributed to the achievement of ICPD goals by building strong partnerships at global, regional, country and headquarters levels with sister agencies (including the World Health Organization (WHO) and the United Nations Population Fund (UNFPA)), national Governments, donors and non-governmental organizations (NGOs), including women's groups, in response to regional needs and opportunities.

7. Among the main achievements of UNICEF since ICPD are: (a) an institution-wide commitment to reducing maternal mortality, including support for safe motherhood programmes; (b) the revitalization of PHC systems to ensure maternal and child survival through the Bamako Initiative; (c) expanded opportunities for girls' education through national- and community-level initiatives; (d) the completion of training workshops on the best strategies for reducing maternal mortality at all regional offices, which were attended by field office staff and staff from Governments, bilateral and multilateral agencies, and NGOs; (e) the development of a set of guidelines to monitor the use, availability and quality of essential obstetric services in partnership with WHO and UNFPA; (f) the redefinition and promotion of safe motherhood in the context of human rights; (g) an increased understanding and awareness of reproductive health issues among UNICEF staff; and (h) the inclusion of programming interventions in the organization's policy guidelines to address sexually transmitted diseases (STDs), including HIV/AIDS, violence against women and the multiple violations of women's rights in the home and in society at large.

III. Areas of project implementation

8. With a mandate to help realize the rights of children and women, UNICEF programming follows a broad, multisectoral approach that both complements and reiterates the goals enumerated by ICPD. As such, UNICEF programmes are implemented with the collaboration of international, national and local partners and support a range of activities, including girls' education; women's empowerment; gender equality and the elimination of violence and harmful traditional practices; PHC and nutrition; and reproductive health, with a special focus on reducing maternal mortality and promoting safe motherhood.

A. Girls' education

9. Based on the goals of the World Summit for Children, supported by the ICPD Programme of Action, UNICEF has embarked on an initiative to support Education for All, which takes girls' education as its point of entry. When education is improved specifically to benefit girls, the overall system improves. UNICEF has promoted the development of a plan of

action by each country to support primary education and is building partnerships with Governments, NGOs and the private sector for girls' education. Community mobilization and participation are key for reducing gender discrimination in households and communities. At the country level, UNICEF is supporting a range of initiatives that have resulted in significant increases in the number of girls enrolled in primary school and in the quality of what they learn.

10. In Egypt, for example, the enrolment of girls in communities participating in the community schools project increased from 30 to 70 per cent. In northern Cameroon, over 15,000 girls have benefited from training in reducing gender bias provided to parents, teachers, traditional leaders and social workers. The aim of the training is to ensure that girls attend school. In Uganda, the Complementary Opportunity for Primary Education Initiative is providing an opportunity for teenage girls who have never been to school to receive a primary school education. The programme has been so popular that it is rapidly expanding from the four districts where it was launched. In Bhutan, social mobilization on the importance of primary school education, emphasizing the need for girls' education, has helped to increase girls' primary school enrolment by 10 per cent. In the Dominican Republic, over 300 teachers have been trained in gender issues and how to eliminate stereotyping of girls in the classroom.

11. In 1997, UNICEF helped to launch the Alliance for Community Action on Female Education in Africa, in collaboration with the Association for the Development of Education in Africa and other agencies, to provide technical, managerial and financial support to NGOs engaged in facilitating girls' education. Pilot projects have been launched in Ghana and Zambia.

B. Women's empowerment

12. In accord with ICPD, UNICEF programmes recognize women as full and equal members of society who make vital contributions to their communities, but whose unique needs, linked to their reproductive role, are too often neglected and frequently the basis of discrimination. UNICEF offices have been working to promote women's rights, end gender-based violence and support women's empowerment through participation in political, social and economic development. Sixty-six countries have now established national offices for women's affairs, 34 of which have the power to propose legislation.

Gender equality

13. UNICEF is working to promote gender equality in the family, in communities and in society. Programmatic interventions focus on youth; involving men in family responsibilities, particularly parenting; and building the capacity of Governments and NGOs for gender-responsive programme development and planning.

14. In Madhya Pradesh in the northern part of India, UNICEF has begun a programme to train women who are newly elected members of *panchayats* (village governments). UNICEF drafted a training manual to sensitize the women members to the unequal access between men and women to health services, the high maternal mortality rates (MMRs) and the negative attitudes towards girls' education. To date, nearly 60 NGO partners are conducting training workshops for women *panchayat* members in 40 districts, and over 7,000 women have been trained.

15. In Bolivia, Ethiopia, Haiti and Nicaragua, women leaders in village- and urban-based local governments have been trained in communication and leadership skills. In Bangladesh, China, Egypt and Nepal, UNICEF is collaborating with existing credit and income-generation programmes to incorporate empowerment and leadership training.

16. In the South Asia region, the animated cartoon "Meena" and in the Eastern and Southern Africa region, the animated cartoon, "Sara", are used widely and successfully as tools for promoting gender equality in the family and raising community awareness on the need to send girls to school and how they can contribute to village and family life. In Brazil, UNICEF, along with the United Nations Development Fund for Women (UNIFEM) and UNFPA, supported production of a video, "Women on the Front", highlighting the work of women community leaders; the video was shown at the Habitat II Conference in Istanbul in 1996.

17. In the Middle East and North Africa, UNICEF offices have held a range of workshops and consultations focused on women's empowerment, women's status and the impact of Islam on women's rights, and equal participation in homes, communities and society. In the Islamic Republic of Iran, the country office held a workshop on the problems faced by female-headed households and produces a publication, "Danneh" (seed), each issue of which deals with a different challenge facing Iranian women and children.

Violence against women

18. Violence against women and girls was the centerpiece of the fifth annual report on progress towards the goals of the World Summit for Children, *The Progress of Nations*. The report challenges the denial and passive acceptance that often

surrounds the issue of violence and calls for specific actions to end violence and promote women's rights, focusing on girls' education. In many country programmes, programmatic linkages have been made between domestic violence - the most endemic form - female genital mutilation and maternal mortality.

19. In the Latin American and the Caribbean region, UNICEF country offices have completed a tabulation of laws related to violence against women and have supported community initiatives to address violence in Haiti and Nicaragua. UNICEF is also supporting universal ratification of the 1994 Inter-American Convention to Prevent, Punish and Eradicate Violence Against Women. The majority of the countries in the region (28) are now signatories to that Convention. In Bolivia, UNICEF supported research and grass-roots advocacy activities that led to the adoption of national legislation against domestic violence. In collaboration with NGOs and governmental agencies, UNICEF country offices in Latin America and the Caribbean are supporting an inter-agency campaign led by UNIFEM to mobilize and advocate for the recognition of the rights of women and girls to a life free of violence.

20. In Angola and Rwanda, UNICEF offices have commissioned studies on gender violence and reproductive health as part of planning for and evaluating the services provided during recent conflicts. In Nigeria, a similar study provided important data on harmful traditional practices, including nutritional practices, household gender relationships and violence against women.

21. In East Asia, a regional conference on family violence led to the launch of the publication "Rice in the House", which details the extent of domestic violence and strategies for combating it. In South Asia, the UNICEF regional team is establishing programming links among the status of women, the prevalence of domestic violence and pregnant women's lack of access to adequate nutrition and health care. The project has already produced a set of advocacy materials, including an exhibition, posters, booklets and a video, for use throughout the region. In Cambodia, Nepal, the Lao People's Democratic Republic, Thailand and Viet Nam, UNICEF is supporting protection and prevention programmes for girls at risk for sexual exploitation.

22. UNICEF supported the participation of NGO women's groups from Brazil, Indonesia, Malaysia and Pakistan at the 1997 Workshop on Violence Against Women which was held in Copenhagen and sponsored by WHO and the International Federation of Gynaecologists and Obstetricians.

Female genital mutilation

23. UNICEF is working with Governments, NGOs and other partners in 12 countries in Africa to eliminate female genital mutilation. In Egypt, where the Supreme Court recently upheld the ban on female genital mutilation, an NGO Task Force was formed after ICPD to eradicate the practice, and there are now NGO networks in 26 governorates. In Eritrea and Ethiopia, UNICEF is working closely with women's health advocates to raise awareness of female genital mutilation at community and national levels and to build stronger networks for action. In Burkina Faso, the Gambia, Mali and Somalia, UNICEF advocacy efforts with policy makers, legislators, researchers and civil society have been successful in reducing the practice of female genital mutilation.

Convention on the Elimination of all Forms of Discrimination against Women and the Convention on the Rights of the Child

24. Discussions have been held with legal experts and NGOs active in the areas of child rights and women's rights to identify ways in which these two legal instruments can be applied effectively to support achievement of the ICPD goals. Violations of women's and children's rights in the area of health will be included in national reports to the monitoring committees for treaties. UNICEF continues to facilitate interaction between the Committee on the Rights of the Child and the Convention Commission on the Status of Women to strengthen their efforts to protect children's and women's rights. The Committee and the Commission have begun exchanging reports to ensure more consistent approaches to gender discrimination. High MMRs and the high prevalence of female genital mutilation are now viewed as forms of discriminatory practices against women and girls since only they are affected by these practices. The importance of the disaggregation of data by sex as a first step to end gender-based discrimination is now much better understood within UNICEF and is being actively promoted in UNICEF work with national partners.

25. UNICEF has supported efforts to assess the nature and extent of gender-based disparities, rights to information and services, and sexual abuse and exploitation. UNICEF is in the process of developing indicators to assess the situation of women and children and to analyse underlying causal factors. These indicators will be linked to rights enumerated in the Convention on the Rights of the Child and the Convention on the Elimination of all Forms of Discrimination against Women, and the information found will help to determine strategic policy and programmatic initiatives.

26. At the country level, UNICEF is working to improve the capacity for situation analyses that address ICPD issues, to upgrade monitoring systems and to increase the use of evaluation and operations research to guide funding decisions and operational strategies. The resulting data also could assist the Committee on the Rights of the Child and the Commission on the Status of Women to assess progress in protecting the health rights of women and children. Increasingly, UNICEF country programmes are addressing gender as a cross-cutting issue and making better use of the guidance provided by the two Conventions in planning and implementing activities to eliminate gender disparities.

27. In the Middle East and North Africa, a regional project has introduced the central tenets of both Conventions into the curriculum of law schools in Egypt, Jordan, Morocco, the Sudan and Tunisia. Follow-up activities include revision of law school curricula in additional countries of the region and action for legislative reform. In Bolivia, UNICEF support to national women's machineries for the Convention on the Elimination of all Forms of Discrimination against Women helped lead to the creation of the Vice-Ministry for Gender, Generation and Family.

C. Primary health care and child survival

28. UNICEF work to expand access to PHC and ensure child survival links ICPD goals with the rights guaranteed by the Convention on the Rights of the Child. UNICEF seeks to address the basic causes of poor health and child deaths, and advocates for increased political will and investments to improve health and survival outcomes. Through its child survival efforts, UNICEF is helping to realize the population goals of ICPD - as parents' confidence in the survival of their children increases, they often choose to have fewer children. In spite of major progress made by countries in achieving the goals for children as outlined in the World Summit Declaration and Plan of Action, major challenges remain, especially in sub-Saharan Africa and South Asia. Overall, the gains made in the reduction of child mortality are threatened by the emerging threat of HIV/AIDS, which is already having a major impact, especially in sub-Sahara Africa.

29. Major gains have been made in reducing childhood mortality due to immunizable diseases through coordinated support to immunization activities, which were accelerated following the World Summit for Children. In 1996, over 80 per cent of young children were immunized against the six major killer diseases as compared to less than 5 per cent in 1979. This means that 3 million fewer children die each year than before. However, since 1990, the percentage of children vaccinated has not increased significantly, and additional efforts will be made to further increase and sustain immunization coverage.

30. UNICEF supports the global polio eradication efforts in collaboration with WHO, other donor agencies and partners, including Rotary International. In 1997, nearly three quarters, or over 450 million, of the world's children, received at least one supplemental dose of oral polio vaccine as part of this initiative. The preliminary number of polio cases reported in 1997 is 2,319 (the final figure is expected to be about 3,500), approximately a 90 per cent decrease since 1988. In Africa, it is expected that over 100 million children will be immunized during the 1997-1998 campaigns. The Latin America and Caribbean region has achieved a 100 per cent reduction in measles deaths. The Middle East and North Africa region has achieved a 96 per cent reduction. Efforts to eliminate neonatal tetanus have resulted in a significant reduction in deaths due to neonatal tetanus.

31. The preliminary results from the synchronized National Immunization Days conducted in the South-East Asia and Pacific region in December 1997 and January 1998 indicate immunization coverage rates of over 98 per cent. In India, UNICEF supported a massive effort to ensure immunization against polio, in collaboration with NGOs, the Ministry of Health and Family Welfare, and the private sector. In one day, 128 million children under the age of five years were immunized.

32. Central to the work of UNICEF is the Bamako Initiative, launched in 1987 to promote community cost-sharing and management of health services, the efficient use of limited resources and improvements in service quality. Since its inception, the Bamako Initiative has been adopted as a central health strategy by 41 countries in virtually all regions, with the majority in Africa. At the country level, a range of interventions have been undertaken to improve PHC and child survival, many organized around the central tenets of the Bamako Initiative. In Guinea, for example, prenatal care coverage has increased from less than 5 per cent to almost 80 per cent since adoption of the Bamako Initiative.

33. UNICEF, WHO and other partners developed the Integrated Management of Childhood Illnesses (IMCI) strategy to reduce childhood mortality due to diarrhoea, pneumonia, malaria, measles and malnutrition. Together, they are responsible for over 70 per cent of the 12 million children under five years of age who die annually. During 1997, UNICEF, WHO and other partners broadened global partnerships in the development and implementation of this strategy from a focus on the initial training of health workers in case management of these leading child killers to an emphasis on household- and commu-

nity-level interventions in order to prevent child deaths and improve child growth and development. UNICEF will give priority to sub-Saharan Africa and South Asia in its support to IMCI.

34. In partnership with WHO and NGOs, UNICEF works to promote and support universal breastfeeding - a major goal of BFHI - to ensure that mothers can feed their infants based on full information, supportive practices and skilled help from health workers. Breastfeeding is also promoted as a method of birth spacing, which again increases the likelihood of future children's proper development and survival. Nearly 13,000 facilities in 114 countries have been designated "baby-friendly".

35. The breastfeeding strategy of UNICEF takes into account the problem of vertical transmission of HIV/AIDS, and UNICEF is collaborating with the Joint and Co-Sponsored United Nations Programme on HIV/AIDS (UNAIDS) to reduce vertical transmission and to maximize the survival rate of infected children. UNICEF support includes providing mothers and other caregivers with information and counselling to reduce the risk of transmission; improving detection and treatment of STDs; and developing guidelines for health workers and policy makers.

36. In response to the increasing death toll among young children and pregnant women caused by malaria, UNICEF increased its attention and activities to combat this deadly infection in 1997. At the country level, UNICEF activities emphasize advocacy and cooperation with Governments in developing rational drug policies; improving access to and availability of antimalarial drugs; the implementation of insecticide-treated bednet programmes, focusing on strategies for net financing, distribution and retreatment; the integration of malaria activities into health services at the peripheral level; and the provision of programmatic support for planning, training, monitoring and evaluation. Ninety per cent of the burden of malaria illness is in sub-Saharan Africa and, consequently, the majority of efforts were directed towards country programmes in the West and Central Africa and the Eastern and Southern Africa regions; over 25 country programmes have implemented or have begun planning malaria-related projects. Malaria activities are ongoing in other countries, including the Lao People's Democratic Republic in the East Asia and Pacific region and Bolivia in the Latin America and Caribbean region. Success towards the reduction of malaria morbidity and mortality will require the mobilization of broad partnerships, including national Governments, NGOs, United Nations and donor agencies, and the private sector.

37. UNICEF efforts towards the control/elimination of micronutrient deficiencies has focused on vitamin A and iodine deficiencies. Vitamin A deficiency is a major contributor to child mortality. It is estimated that about 100 million children under the age of five years in 78 countries suffer from vitamin A deficiency, whereas it is estimated that 1.6 billion people are at risk of irreversible mental retardation and other consequences of iodine deficiency disorders (IDD). More than one half of all young children in countries with a recognized vitamin A problem received high-dose capsules in 1996, as compared to about one third in 1994. This includes countries with large populations such as Bangladesh, India, Nigeria and Viet Nam. In addition, 46 countries have adopted policies of routine high-dose supplementation for women within the first few weeks after they give birth, which protects their breastfeeding children for about six months. On the other hand, major progress has been made to address IDD. It is estimated that nearly 55 per cent of all edible salt in the world is now iodized, up from about 12-15 per cent in 1990.

D. Reproductive health

38. An important focus of UNICEF activities in response to ICPD is its efforts to increase the age of marriage and first pregnancies among adolescents and young women, to improve the health and nutrition of girls and women, to promote all safe and effective family planning methods, and to improve the care and services available to pregnant women. The main elements of programme strategies include life skills education for adolescents; expanding access to quality prenatal, delivery and postnatal care; promoting professional attendance at delivery, especially by strengthening midwifery practice through training and providing a supportive environment for the effective deployment of midwives; improving the quality of neonatal care, improving the nutrition of adolescent girls and pregnant women; providing essential care for women with complications; raising awareness of and preventing HIV/AIDS infection; and community-based activities to involve men and communities in making essential services available to reduce the risk of women dying in childbirth.

39. UNICEF programming to reduce maternal mortality is based on principles that have been promoted by ICPD and by the Fourth World Conference on Women (Beijing, 1995) agreement. These include the involvement of men, women and communities in programme design and implementation; analysis of gender discrimination by health planners and providers; and equating access to quality services with health promotion. UNICEF agrees that maternal mortality is not just a health issue, it is also an issue of gender-based discrimination and social justice.

Safe motherhood

40. UNICEF is one of six international agencies which together form the Safe Motherhood Inter-Agency Group. In October 1997, in Sri Lanka, the Inter-Agency Group met to mark the tenth anniversary of the Safe Motherhood Initiative (SMI) and review progress towards the goal enumerated at the World Summit for Children and reiterated and extended by ICPD of reducing maternal mortality by one half by the year 2000.

41. The Inter-Agency Group consultation concluded that safe motherhood is a matter of women's empowerment and social justice; that the single most effective intervention to prevent and reduce maternal mortality is professionalization of delivery care, mainly through midwifery; and that process indicators are important tools for monitoring progress to reduce maternal mortality and should be used in all aspects of programme implementation.

42. UNICEF is strengthening efforts to help create societies that are "mother-friendly" through four actions undertaken at several levels. These include promoting the concept of safe motherhood as a social justice issue, encouraging Governments to make sustained investments in service provision; working with the media to raise public awareness of the problem; establishing "mother-friendly health services" in partnership with national and local Governments and working with communities to provide high quality care to mothers and their infants; and building "mother-friendly communities" in which husbands, mothers and mothers-in-law, families and neighbours help women make choices and take actions to protect their life and good health.

43. UNICEF is playing a key role in the communication and fund-raising efforts for SMI. The theme of this year's World Health Day, 7 April, is Safe Motherhood. UNICEF is participating in a world-wide effort, along with other SMI partners, to use this opportunity to mobilize action to reduce maternal mortality.

44. As a partner in the midwifery movement, UNICEF works to ensure that trained midwives are available to attend all births, whether in a busy urban hospital or a small, isolated village. UNICEF-assisted country programmes support the professionalization of delivery care by focusing on the training of midwives and doctors and upgrading the skills of community midwives (a mid-level category of providers); establishing strong and growing ties with associations of midwives in several countries of Asia and Africa; helping to create a supportive environment for the effective deployment of midwives, particularly in underserved areas; and promoting midwifery and the midwifery movement through conferences, consultations and dialogues at headquarters and field levels. UNICEF emphasizes that the training of traditional birth attendants (TBAs) can be effective only when it is supported by an external mechanism for referral, supervision, monitoring and evaluation.

45. Field offices, including in Ghana and Indonesia, are facilitating the training of community midwives so that they become fully certified and skilled. Adequate programmes for the development, deployment and in-service support of community midwives are necessary to ensure their success and acceptance by communities.

46. In Nigeria, UNICEF has trained and provided delivery kits to more than 2,000 village-based TBAs. In addition, a technical assistance programme, undertaken in collaboration with the Lagos Island Association of TBAs, is yielding valuable data on ways to improve the quality of care provided by TBAs. Programmes to assure quality of care are being established through the TBAs' own professional association.

47. In June 1997, in collaboration with the World Bank, UNICEF held a technical consultation to discuss the role of TBAs in preventing maternal mortality. Participants included representatives of key multilateral and bilateral agencies, NGOs, public health experts and advocates, and staff of UNICEF country offices. They concluded that where TBA training is undertaken, it should be part of a broader strategy to provide reproductive and maternal health services, and should include built-in mechanisms for referral, supervision, monitoring and evaluation.

48. With technical support from WHO, UNICEF is developing a clean delivery kit for distribution to pregnant women or TBAs for use at home and in health centres and even hospitals. The kit has been field-tested in Burundi and Nepal. With some additions, the kit will also be distributed in emergency situations to meet the needs of refugee women.

Integrated reproductive health care

49. ICPD calls for access for all to reproductive health care by the year 2015. For UNICEF, this includes: quality maternal and neonatal care, including nutritional supplementation; the prevention and management of STDs; protection against sexual violence; and health education for adolescents. Efforts are being made to improve the quality and availability of maternal health services, to provide a basic minimum standard of care and to ensure that they are "mother-friendly". UNICEF works closely with Governments, international agencies and NGOs to raise awareness of what good care is and how best to meet women's health and nutrition needs.

50. In East Africa, UNICEF has developed health promotion projects that address the needs of girls and young women, including their nutritional needs. In West Africa, a solid base has been established by UNICEF field offices for the provision of reproductive health care through community participation in financing and managing health services. In Indonesia, UNICEF supported a workshop on mother-friendly health services, which focused on developing guidelines for better access to services. In India, UNICEF co-sponsored, with the Swedish International Development Authority, a ground-breaking workshop to determine what reproductive health is and how to build reproductive health services, along with an assessment of the current state of services. The meeting helped the Government of India to promulgate a national population policy based on ICPD principles. In Bolivia, UNICEF has worked with the Government to improve the quality of maternal and child health (MCH) services and women's access to them, particularly indigenous populations.

Cooperation with the Joint and Co-sponsored United Nations Programme on HIV/AIDS

51. As a co-sponsor of UNAIDS, UNICEF is collaborating in the battle against AIDS. Specific post-ICPD interventions include school-based programmes, ensuring the safety of needles used for injections and undertaking health communications initiatives. Guidelines for policy makers and health workers on HIV and breastfeeding are being developed and will be used to develop approaches to reduce mother-to-child AIDS transmission.

52. In several countries in Africa and Asia, UNICEF has launched school health programmes focused on reducing high-risk sexual behaviour among school-aged youth in the context of an analysis of gender relations and life skills, in partnership with national AIDS control programmes. Teacher-training programmes to encourage the use of the learning materials have been critical to the success of AIDS education in Zimbabwe. In Nigeria, UNICEF-supported NGOs have taken health messages to hundreds of thousands of reproductive-age youth.

53. In Uganda, a national health promotion programme has begun, with a focus on awareness and prevention of HIV/AIDS. Outreach to young people is central to the effort. In Myanmar, the Myanmar Medical Association, with UNICEF support, has developed innovative projects to attract more young people - many of whom are becoming infected with HIV - into clinics. User-friendly STD services are also being provided to low-income youth. In Latin America and the Caribbean, UNICEF is collaborating with UNAIDS in launching a regional communication campaign for AIDS prevention.

Adolescent health

54. With the worsening of the AIDS pandemic, and its severe impact on child and adult mortality, UNICEF has begun expanding its support for reproductive health, particularly the prevention of STDs and HIV/AIDS among adolescents. UNICEF is undertaking innovative programmes to reach adolescent girls and boys with information and the tools to access health services and information, including programmes for the prevention of teen pregnancy.

55. In the Caribbean, where early sexual activity among adolescents is common, life skills training is being provided in schools in order to promote overall health, reduce teen pregnancy and prevent HIV/AIDS infection. A Latin American and Caribbean regional workshop was held in Jamaica in September 1997 to create a strategy for addressing adolescent pregnancy from a rights perspective and to share experiences and ideas for regional action. In Costa Rica, a UNICEF-supported project to prevent unwanted pregnancies in a poor, urban community has provided a model for replication, including strategies for training parents, teachers and doctors; collaboration with secondary schools; and strengthening local health clinics.

56. In Zambia, UNICEF is working to increase the availability and utilization of sexual and reproductive health services for young people, with a focus on STDs. Workshops were held with health workers, youth NGOs and young people to ensure the development of youth-friendly services.

57. In a range of countries such as Botswana, China, India, Jamaica, Malawi, Nigeria and Peru, UNICEF supports innovative programmes on non-formal education, nutrition, and counselling for teenage pregnancy and HIV/AIDS prevention.

Community education/outreach

58. For too many women and girls, access to food, rest and health services is limited by families and communities. Recognizing this, as part of the "mother-friendly communities" initiative, UNICEF field offices have undertaken a range of initiatives to make better known the realities of women's health needs, the available services, and the community and household role in supporting them.

59. In Malawi, UNICEF has helped to launch a community-based reproductive health initiative. In Nigeria, UNICEF is producing short videos on reproductive health for youth to be shown on television and in cinemas. In Gaza, UNICEF has worked in partnership with the Women's Health Coalition, an NGO, to raise awareness of safe motherhood and the prevention of maternal mortality.

E. Tracking progress in child and maternal mortality

60. In order to assess which interventions produce the best results, to monitor the goals of ICPD, and to monitor implementation of the Convention on the Rights of the Child and the Convention on the Elimination of all Forms of Discrimination against Women, countries need to have systems to gather, analyse and use data on women's health and on the impact of interventions to improve MCH, nutrition and survival. A key objective of UNICEF has been to bring together the users and producers of data to ensure that policy makers have access to understandable and current information that will help them make decisions on programmes and formulation, development and implementation of policies. This is of particular concern in tracking child mortality levels.

61. In collaboration with WHO, UNFPA, the United Nations Educational, Scientific and Cultural Organization and the United Nations Statistical Division and regional centres of excellence, UNICEF has been helping countries build a statistical base for reporting progress towards the goals enumerated at the World Summit for Children and ICPD.

62. Maternal mortality is difficult and costly to measure due to the lack of vital registration systems, the large sample sizes needed for survey methods and the fact that maternal deaths are frequently misclassified and under-reported. For many countries, it will be impossible to monitor progress to reduce maternal mortality directly on an annual basis. To address this problem, UNICEF and its partners have developed an alternative, indirect approach based on monitoring the processes or interventions known to reduce maternal mortality (e.g. access to, utilization of and quality of essential obstetric care).

63. UNICEF, in collaboration with WHO and UNFPA, has issued "Guidelines for Monitoring the Availability and Use of Obstetric Services". Introduced at the October 1997 Inter-Agency Group meeting to mark the tenth anniversary of SMI, where they were very well received, the guidelines detail measurement issues, propose a set of process indicators to use and provide options for collecting the data needed.

64. An increasing number of countries are beginning to collect and use the data for initial situation analyses and subsequent programming and follow-up. In Egypt, for example, a study was done in collaboration with the Ministry of Health and Population using the process indicator guidelines in a region with some of the highest maternal mortality levels in the country. The three-week study, which included in-depth interviews with health officials and staff, indicated poor use of existing space, facilities and equipment. The study demonstrated the power of process indicators in uncovering and understanding problems in maternal health services and strategies for improvements. In Mali, the number of women with complications who were referred to appropriate levels of care increased with the establishment of simple communication and transportation systems, a pre-packed surgical kit for emergencies, cost-sharing between communities and the health system, and a post-payment mechanism for the family.

65. UNICEF hosted an inter-agency meeting of the Basic Social Services For All Task Force Working Group on Monitoring Child and Maternal Mortality in April 1997. In collaboration with WHO, UNICEF is developing estimates of maternal mortality for countries which have no or very weak data on maternal mortality.

F. Partnerships

66. True to the vision of the ICPD agreement, UNICEF is carrying out its work through a multisectoral approach and in collaboration with Governments, other international agencies and NGOs. Such partnerships provide opportunities to pool human and financial resources for maximum impact.

67. UNICEF is collaborating with WHO, UNFPA and other relevant United Nations agencies to update the joint UNICEF/WHO maternal mortality estimates for 1995. This process will address concerns raised by countries about the WHO/UNICEF 1990 estimates and will involve country participation through regional workshops.

68. Participation in the 1997 Inter-Agency Group on Reproductive Health in Refugee Situations has helped to foster a discussion on the minimum criteria to be met before providing reproductive health services in emergency situations. The Inter-Agency Group is finalizing a manual for field programme managers. UNICEF is also an active member of the WHO Basic Social Services for All Working Group on Reproductive Health Indicators and the UNFPA inter-agency meeting on reproductive health indicators.

69. In the context of the 1997 meeting of the Joint Committee on Health Policy (JCHP), UNICEF and WHO developed a joint policy paper on "Health Systems in Decentralizing Situations: Options for Improving District Health Systems". This paper systematized lessons learned in the development of district health systems and outlined a two-year work plan for collaboration in the areas of urban health, quality of care, essential package of care and integrated health care delivery, and information dissemination. UNFPA joined JCHP in 1997 and it was renamed the Coordinating Committee on Health.

IV. Conclusion

70. Overall, substantial progress has been made in implementing many of the central tenets of the ICPD Programme of Action. As the fifth anniversary of the Cairo Conference approaches, UNICEF is aware that much remains to be done, but the essential strategies are now clear, and there are several examples of best practices that are providing the organization with information for its continuing action.

71. The comparative strength of UNICEF lies in its country programme approach, its ability to work effectively with a variety of partners, and the fact that its mandate makes it possible to approach ICPD goals from a multisectoral perspective and with a programmatic thrust that recognizes the need for a strategic mix of approaches.